

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

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2019 MAR 25 PM 2:40

Curtis Donald Nelson Jr
aka Curtis Freeman

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

Methodist Hospitals

(Enter above the full name of the defendant
or defendants in this action.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs:

Curtis Donald Nelson Jr aka
Curtis Donald Freeman

Defendants:

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

- II. Place of Present Confinement: 2003 - 2019
- A. Is there a prisoner grievance procedure in the institution? Yes (☒) No (☐)
- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes (☐) No (☐)
- C. If your answer is Yes:
1. What steps did you take? I have call the police
 2. What was the result? nothing
- D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Curtis Donald Nelson Jr aka Curtis Donald Freeman
Address 459 William St # 2 Memphis TN 38126

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant Methodist Hospitals is employed as _____
at _____

C. Additional Defendants: Regional Medical Center
Memphis Police Department, Shelby County
Juvenile Court

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

medical malpractice / Detention of
Character Pain and Suffering

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

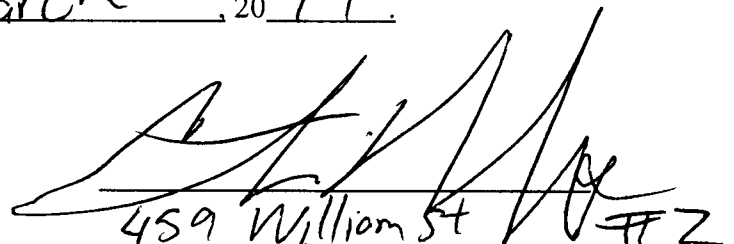
I will like to sue for
4 Billion dollar U.S.

VI. Jury Demand

I would like to have my case tried by a jury. Yes () No ().

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 25 day of March, 2019.


459 William St #2
Memphis TN 38126
(Signature of Plaintiff/Plaintiffs)